PRESENTATION SUMMARY INFORMATIONAL ONLY DUE TO MEETING CANCELLATION

Statewide Substance Use Response Working Group Treatment and Recovery Subcommittee Tuesday, May 16, 2023 1:00 p.m.

Members Present via Zoom or Telephone

Chelsi Cheatom, Dr. Lesley Dickson (joined just after review of the minutes), Chair Lisa Lee, and Vice Chair Steve Shell

Members Absent or Excused Jeffrey Iverson

Attorney General's Office Staff Joel Bekker (Deputy Attorney General), and Dr. Terry Kerns

Social Entrepreneurs, Inc. Support Team Kelly Marschall and Laura Hale

Members of the Public via Zoom

Jeanette Belz, Belz&Case Government Affairs, FFR Admin Zoom, Darcy, Donald Griffin (Black Wall Street), Sean O'Donnell (Foundation for Recovery), and Joan Waldock (DHHS),

Note: The following presentation summaries are from the scheduled May 16, 2023 Statewide Substance Use Response Working Group (SURG) Treatment and Recovery Subcommittee meeting which was not official due to a posting error for the agenda. The recording of the presentations provided and discussion are summarized below and available to the public at:

https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/.

Presentation on Treatment and Recovery for Indigenous African Americans

Donald Griffin, Founder and Director, Black Wall Street Reno presented slides. Mr. Griffin has over 23 years of experience with addiction. They have seven Narcan locations throughout the city and they raise awareness in the African American community about various forms of opiates. They provide overdose prevention and education, with identified red zones, such as the area around Diamond Casino where they have painted over newsstands with their logo. They also take measures inside schools with Stop the Bleed classes (related to gun violence), evidence-based training on suicide prevention, and overdose prevention.

Awareness raising in the community includes working with juvenile justice and criminal justice systems to distinguish charges for possession versus selling of drugs. Education in the schools helps to elevate self-care related to behavior before the problem occurs.

With the Narcan boxes, they try to use the model from Trac-B vendor machines, but they don't have data for how many people are accessing products from the boxes. They would like funding to place vending machines in red zones and enable more data tracking. They do get letters from people explaining how their lives have been saved, but they can't get grants without numbers.

They also want to address the school to prison pipeline, known as the new Jim Crow. They work with Wakeup Nevada and Victory Outreach with more evidence-based training for elementary and middle-school children.

Chair Lee thanked Mr. Griffin and asked if members had any questions.

Vice Chair Shell commended Mr. Griffin for all his efforts.

Chair Lee asked about the use of language around indigenous African Americans.

Mr. Griffin noted that people who came to the United States more recently might specify their ethnic identity, while others represent themselves as indigenous when they don't know where they come from.

Chair Lee asked about vending machines; she believes there are four in Reno. They try to use data for where to locate those machines with mapping to free and reduced lunch and other socioeconomic indicators. She also referenced areas with a history of substance use and encouraged conversations with Trac-B around where to locate machines.

Presentation on Role and Importance of Peers and Persons with Lived Experience

Sean O'Donnell, Executive Director, Foundation for Recovery is living in long-term recovery from substance use and co-occurring disorders. He presented slides on Peer Recovery Support (PRS). It is evidence based with history back to the 18th century. In 2007, <u>CMS</u> identified PRS as evidence based. Peer Recovery Support Specialists (PRSS) help people discover what is working for them with a strength-based perspective, rather than correcting a deficit or disability. Support is mutual, limits power differentials, and can be formal or informal. When they think of PRS as a service, they are typically referring to formal support from people with personal experience who have also been provided training and they are working toward certification. They work in a variety of settings including jails, prevention sites, treatment or detox facilities, schools, recovery residences, and community recovery centers.

Peer Recovery Support Specialists have lived experience and provide mentorship, resources, motivation, and guidance. Their knowledge is first-hand, and they usually work with individuals through self-activation to reengage with healthcare through safer drug-use or conversations about interacting with health care providers. Many users avoid formal services due to possible stigma.

In Nevada, anyone providing PRS for compensation must obtain Board certification, with aligned competencies, including smart recovery, harm reduction, paperwork, creating a recovery plan, teaching self-care and activation tools, and sharing local resources. They should not run a therapy group or offer therapy or counseling or create a treatment plan.

Mr. O'Donnell shared a short video on the evidence for PRS in building self-confidence, increasing healthy behaviors. and inspiring hope. Additional slides included *Value and Integration* of PRS with examples and considerations for integration. He encouraged continued investment in PRS, and organizations run by PRS.

Chair Lee thanked Mr. O'Donnell for his presentation and opened the discussion with member questions. Ms. Cheatom asked if there are areas currently lacking PRS. Mr. O'Donnell said more peer workers have been integrated with agencies over the past couple years, and more PRS are getting the state certification, including supervisors and interns. This supports better services and creates learning

opportunities for all health care providers. Some barriers include legal considerations, and background requirements of different agencies. Agencies would like to hire PRS, but it's hard to get past criminal histories with the background screening process.

Chair Lee referenced a team model for sobriety, treatment and recovery working in dyads with family mentors and case workers to avoid children's removal from their parents with substance use disorder or working toward reunification. The Nevada Revised Statutes (NRS) include disqualifying offenses that don't align with the PRS bill; this is one legislative target. Another concern of Chair Lee related to diversity, equity, and inclusion for PRS, for example, with tribal communities or LGBTQIA, and how to create a more diverse peer workforce. She also expressed concern for better reimbursement rates. She asked Mr. O'Donnell how they can advocate for all these issues.

Mr. O'Donnell advised standing up PRS independently of treatment, with targeted funding. Let people who are directly impacted have resources to do work in communities. Think outside the box working with those who have historically been left out, creating a more diverse workforce. Foundation for Recovery facilitates at least ten PRSS training events annually, Also, they are developing a train-the-trainer program, so they aren't acting as a gatekeeper. They continue to give out information so that it doesn't have to be employees leading the training. They also want to provide technical support for other trainers.

Vice Chair Shell shared that PRS teams at Renown have shown phenomenal results over the last 18 months to 2 years, working side by side with physicians and nurses. They are opening a community crisis stabilization center later this year, and the bulk of staffing will be PRSS. He would love to talk with Mr. O'Donnell offline about this.

Following presentations Ms. Marschall announced that the calendar invite link does not match the posted agenda link for this meeting and offered sincere apologies for the error. A determination was made to reschedule the meeting, and to incorporate the recording for reference, together with presentations and other materials.